

SMITH WATTS & ASSOCIATES, LLC
AUTO ACCIDENT INFORMATION SHEET

DATE: _____

Client's Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

Work Number: _____

Employer: _____

Social Security Number: _____

Employer Address: _____

Date of Birth: _____

Email: _____

Driver's License #: _____

Spouse: _____

Spouse's Employer: _____

.....
Adverse Party: _____

Address: _____

Phone Number: _____

Driver's License #: _____

.....
Date of Accident: _____

County of Accident: _____

Location: _____

Drivers: 1 - _____

Type of Vehicle: _____

2 - _____

Type of Vehicle: _____

3 - _____

Type of Vehicle: _____

Person Charged: _____ Offense: _____ Officer: _____

How Accident Occurred: _____

Client was a: _____ Driver _____ Passenger _____ Pedestrian

Describe Injuries from Accident: _____

Hospital (s): _____

Doctor (s): _____

Pharmacy: _____

Ambulance: ___ Yes ___ No

Were X-Ray's Taken: ___ Yes ___ No

Ambulance Company: _____

Client's Vehicle Insurance Information:

Adverse Party's Vehicle Insurance:

Policy Number: _____

Policy Number: _____

Do You Have Med Pay or Personal Injury Payment: ___ Yes ___ No

Was Your Vehicle Towed from Scene: ___ Yes ___ No Tow Company: _____

Client's Health Insurance Information:

Do You Have Pictures of Vehicle: ___ Yes ___ No Our Investigator: _____

Previous Injuries, Automobile Accidents (Include Dates), Disabilities, or other ailments: _____